

FORM **MEPS-12(P)**
(7-8-97)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

**MEDICAL EXPENDITURE
PANEL SURVEY
(INSURANCE COMPONENT)
PERSON-LEVEL QUESTIONNAIRE
FOR UNIONS**

Collection of this information is authorized under Title IX, Section 902(a) of the Public Health Service Act. Sections 903(c) and 308(d) of that Act specify that all information will be held in strict confidence by the staff of the Agency for Health Care Policy and Research and their authorized contractors.

**RETURN
TO**



**Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132-0001**

If you have any questions concerning this survey, please call 1-888-273-3878.

A FEW IMPORTANT INSTRUCTIONS AND DEFINITIONS

1. In this questionnaire, "this person" refers to the individual named in the label area. A permission slip signed by the individual authorizing our collection of this information is included at the back of this reporting package.
2. "Your organization" refers to the location on the label of this questionnaire.
3. For this survey, a **health insurance plan** is defined as providing **hospital and/or physician coverage** for a **single premium** to members and/or retirees. Also included in Section C of this questionnaire are single-service plans, which provide optional coverage not included in the basic health insurance plan(s) for an additional premium.

Section A - PERSON-LEVEL INFORMATION

A1. Which category below **best** describes this person's status with your union on July 1, 1996?

- ⁰⁶⁵
- 1 A full- or part-time member
 - 2 A retired member
 - 3 A former member
 - 4 A relative/survivor of a former member

Go to Section D on page 3.

- 8 No record of this person – **Go to Section D on page 3.**

Section B – HOSPITAL OR PHYSICIAN PLAN

B1a. Was this person **eligible** for hospital/physician insurance coverage through your union on July 1, 1996?

350 1 Yes 2 No – **If No, go to Section C on page 3.**

If more than one plan was offered through this union, answer Part b below. If only one plan was offered, go to Question B2a.

b. Of the hospital/physician plans offered by your union, for which plans was this person eligible?

Please enter plan name(s) exactly as entered in Question B1 of the Union Questionnaire (MEPS-12) or Supplemental Sheet (MEPS-12(S)).

351 All **OR**

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B2a. Was this person **enrolled** in a hospital/physician plan provided by your union on July 1, 1996?

231 1 Yes 2 No – **If No, go to Section C on page 3.**

If more than one plan was offered through this union, answer Part b below. If only one plan was offered, go to Question B3.

b. In which hospital/physician plan(s) was this person enrolled?

Please enter plan name(s) exactly as entered in Question B1 of the Union Questionnaire (MEPS-12) or Supplemental Sheet (MEPS-12(S)).

352 All **OR**

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B3. What level of coverage did this person choose?

239 1 Single 3 One adult/one child
2 Two adults 4 Family (3 or more people)

B4. For the pay period including July 1, 1996, provide the information below regarding premiums paid for this person's hospital/physician coverage.

a. What was the **total premium including union and member contributions?**

If this plan was self-insured, enter the monthly premium equivalent.

361 \$.00 PER → 376 1 Week
2 2 weeks
3 Month
4 Year

B4b. How much did **this person contribute** towards his/her coverage?

Report for the same premium period as in Question B4a.

362 \$.00

OR

353 Percent of insurance premium

c. How much did **your union contribute** towards this person's coverage?

Report for the same premium period as in Question B4a.

363 \$.00

OR

354 Percent of insurance premium

d. How much did sources other than your union, such as a government or employer, contribute towards/subsidize this person's coverage?

Report for the same premium period as in Question B4a.

355 \$.00

OR

356 Percent of insurance premium

OR

357 No subsidy/contribution from other sources – **Go to Section C on page 3.**

B5. What was the source of the outside subsidy or contribution reported in B4d?

Check only ONE.

- 358 2 Government
4 Employer
3 Other

Section C – SINGLE-SERVICE PLANS

C1. On July 1, 1996, did this person obtain through your union any optional coverage (not included in his/her basic health plan reported in Section B above) at an additional premium?

246 1 Yes 2 No – **If No, go to Section D.**

C2. Which of the following single-service plans did this person obtain?

Check all that apply.

- 370 Dental
 372 Vision
 371 Prescription drugs
 373 Long-term care

C3a. What was the total premium for all single-service plans obtained by this person, including union and member contributions?

374 \$.00 PER → 380 1 Week
 2 2 weeks
 3 Month
 4 Year

b. How much did **this person contribute** towards his/her single-service plan coverage?

Report for the same premium period as in Question C3a.

375 \$.00

OR

360 Percent of insurance premium

500 Remarks

Section D – PERSON COMPLETING THIS QUESTIONNAIRE

212 Name (*Please print*)

213 Title

Signature

214 Date

215 Telephone number
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220 Extension

216 FAX number
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217 E-Mail address